

# Taxpayer Identification Number Request

Substitute Form  
State Form 23743(R 07/01)  
Approved by State Board of Accounts 2001  
Approved by Auditor of State 2001

State of Indiana



DO NOT send to IRS

W-9

Print or Type						<b>Please forward this form along with your completed application to: Attn: Access to Recovery FAX 317-233-5660</b>
<b>Legal Name</b> (OWNER OF THE EIN OR SSN AS NAME APPEARS ON IRS OR SSN RECORDS) DO NOT ENTER THE BUSINESS NAME OF A SOLE PROPRIETORSHIP ON THIS LINE						
<b>Trade Name</b> Complete only if doing business as (D/B/A)						
<b>Remit Address</b>	<b>Street</b>	<b>City</b>	<b>County</b>	<b>State</b>	<b>Zip Code</b>	
<b>Purchase Order Address- Optional</b>						
Check legal entity type and enter 9 digit taxpayer Identification Number (TIN) below: (SSN = Social Security Number, EIN = Employer Identification Number)						SSN or EIN must be for legal name above.
<input type="checkbox"/> <b>Individual</b> (Individual's SSN) _____						
<input type="checkbox"/> <b>Sole Proprietorship</b> (Owner's SSN or Business EIN) SSN _____ EIN _____						
<input type="checkbox"/> <b>Partnership</b> <input type="checkbox"/> General <input type="checkbox"/> Limited (Partnership's EIN) _____						
<input type="checkbox"/> <b>Estate / Trust</b> (Legal Entity's EIN) _____ Note: Show the name and number of the legal trust, or estate, not personal representatives.						
<input type="checkbox"/> <b>Other</b> (Limited Liability Company, Joint Venture, Club, etc) (Entity's EIN) _____						
<input type="checkbox"/> <b>Corporation</b> Do you provide legal or medical services? <input type="checkbox"/> Yes <input type="checkbox"/> no (Corp's EIN) _____						
<input type="checkbox"/> <b>Government</b> (or Government operated entity) (Entity's EIN) _____						
<input type="checkbox"/> <b>Organization Exempt from Tax under Section 501(a)</b> (Org's EIN) _____ Do you provide medical services? <input type="checkbox"/> Yes <input type="checkbox"/> no						
<input type="checkbox"/> Check here if you do not have a SSN or EIN but have applied for one.						
Under penalties of perjury, I certify that: (1) The number listed on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me) AND (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends or (c) the IRS has notified me that I am no longer subject to backup withholding (does not apply to real estate transactions, mortgage interest paid, and acquisition or abandonment of secured property, contribution to an individual retirement arrangement (IRA), and payments other than interest and dividends.) CERTIFICATION INSTRUCTIONS -You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return.						
<b>THE IRS DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.</b>						
I am a U.S. person (including a U.S. resident alien).						
NAME (Print or Type) _____			TITLE _____			
AUTHORIZED SIGNATURE _____			DATE _____		PHONE # _____	
Agency _____		Agency use only 1099		<input type="checkbox"/> Yes <input type="checkbox"/> No		Approved by: _____